

# Montana Department of Agriculture – Organic Certification Program

## Organic Production System Plan

Year: \_\_\_\_\_

APPLICANT(S)		
FARM, RANCH OR BUSINESS NAME (IF DIFFERENT)		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER
FAX NUMBER		EMAIL ADDRESS
COUNTY (OR COUNTIES) WHERE FARM IS LOCATED		MANAGER (IF DIFFERENT FROM THE APPLICANT)
ORGANIZATIONAL STRUCTURE <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> OTHER: _____		TAX ID NUMBER OR SOCIAL SECURITY NUMBER

*Please fill out this form if you are requesting organic farm / ranch certification. Use additional sheets if necessary. **Complete all sections of the form, mark "Not Applicable" where appropriate. Failure to complete [all sections of] the form will delay processing your application for certification. Sign this form.** You must submit farm maps and field history sheets with this form. Please contact the Montana Department of Agriculture Organic Certification Program for additional forms or if you have any questions.*

SECTION 1: General Information					
<p><b>The National Organic Program (NOP) rule requires applications for certification to include the name(s) of any organic certifying agent(s) to which application has previously been made; the year(s) of application; the outcome of the application(s) submission, including, when available, a copy of any notification of non-compliance or denial of certification issued to the applicant for certification and a description of the actions taken by the applicant to correct the non-compliances noted in the notification of non-compliance, including evidence of such correction.</b></p> <p><i>Please list, in the table below, any current or past certification agencies applied to, the year(s) of application and the outcome of the application(s). Attach any notification(s) of non-compliance or denial of certification received <u>after October 21, 2002</u>. Include a description of your corrective actions and evidence thereof.</i></p> <div style="text-align: right;"> <input type="checkbox"/> Not Applicable (no current or past certifications)         </div>					
ATTACH ADDITIONAL SHEETS IF NEEDED.					
OTHER CERTIFICATION AGENCIES (CURRENT AND PAST)	YEAR(S) OF APPLICATION	OUTCOME OF APPLICATION [CERTIFIED (C), DENIED (D), SUSPENDED (S), REVOKED (R) OR OTHER (SPECIFY)]			
<p><i>If certification was previously suspended or revoked, attach documentation that the suspension is lifted and / or that you are eligible to re-apply for certification.</i></p>					
<p><b>In what year was your last complete Organic Production System Plan (long form) submitted?</b></p>					
<p><b>Select choice of certification.</b></p> <p><input type="checkbox"/> I am requesting NOP certification only.</p> <p><input type="checkbox"/> I am requesting NOP certification plus <b>European</b> (EEC) regulations verification (for export products).</p> <p><input type="checkbox"/> I am requesting verification of other standards: <b>(INDICATE STANDARDS DESIRED FOR VERIFICATION)</b></p>					
<p><b>List all crops or products requested for certification.</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 50px; vertical-align: top;"> <div style="text-align: center;">▪ ▪ ▪ ▪ ▪ ▪</div> </td> <td style="width: 33%; height: 50px; vertical-align: top;"> <div style="text-align: center;">▪ ▪ ▪ ▪ ▪ ▪</div> </td> <td style="width: 33%; height: 50px; vertical-align: top;"> <div style="text-align: center;">▪ ▪ ▪ ▪ ▪ ▪</div> </td> </tr> </table>			<div style="text-align: center;">▪ ▪ ▪ ▪ ▪ ▪</div>	<div style="text-align: center;">▪ ▪ ▪ ▪ ▪ ▪</div>	<div style="text-align: center;">▪ ▪ ▪ ▪ ▪ ▪</div>
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<p><b>Do you understand the current organic standards?</b>      <input type="checkbox"/> yes    <input type="checkbox"/> no</p>		<p><b>Do you have a copy of current organic standards?</b>      <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p><b>Do you have a copy of current OMRI Materials List?</b>      <input type="checkbox"/> yes    <input type="checkbox"/> no</p>			
<p><i>Please contact the Montana Department of Agriculture Organic Certification Program (at PO Box 200201, Helena, MT 59620-0201; 406-444-7804; or dcrabtree@mt.gov) if you answered no to any of the questions above.</i></p>					

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### SECTION 1: General Information, *continued*

Do you intend to certify any livestock this year? ☐ yes ☐ no

If yes, have you filled out an Organic Livestock Addendum? ☐ yes ☐ no

**Please note that you must complete an Organic Livestock Addendum to certify any livestock.** Please contact the Montana Department of Agriculture Organic Certification Program with questions or to request additional forms.

Do you have any off-farm or on-farm processing done? (milling, bagging, bottling etc.) ☐ yes ☐ no

If yes, you may need to fill out an Organic Handling System Plan form. Please contact the Montana Department of Agriculture Organic Certification Program with questions or to request additional forms.

Provide detailed directions to the farm from the nearest town or highway intersection (for the inspector).

When is the best time to contact you? ☐ morning ☐ afternoon ☐ evening

When are you available for the inspection? ☐ morning ☐ afternoon ☐ evening

### SECTION 2: Farm Plan Information

NOP Rule 205.201(a) and 205.202(a) and (b)

**Please complete the table below and attach field history forms and current maps that show all fields [organic (O), in transition (T) or non-organic (N)], field numbers, acres, crops planted, projected yields and all inputs applied. The acreages listed in this table must equal Field Histories and maps. Pastures are considered a crop and must be listed on each form. At least 36 months of histories are required for all fields.**

ATTACH ADDITIONAL SHEETS IF NEEDED.

CROPS REQUESTED FOR CERTIFICATION	FIELD NUMBERS	TOTAL ACRES PER CROP	PROJECTED YIELD / ACRE	PROJECTED TOTAL PRODUCTION

Have you managed all fields for 3 or more years? ☐ yes ☐ no

If no, you must submit a completed Previous Land Management Affidavit (PLMA) for each field managed by you for less than three years. Please include the PLMA form(s) with this application.

Are all fields requested for certification located at the address listed on page one? ☐ yes ☐ no

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### SECTION 2: Farm Plan Information, *continued*

Please complete the following table for all fields and locations.

ATTACH ADDITIONAL SHEETS IF NEEDED.

FIELD NUMBER(S).	PARCEL ADDRESS OR LEGAL DESCRIPTION (RANGE – TOWNSHIP – SECTION)	NUMBER OF ACRES		OWNED OR RENTED
		ORGANIC	NON-ORGANIC	

### SECTION 3: Seeds and Seed Treatments

NOP Rule 205.204

**The NOP Rule requires the use of organically grown seeds, unless the variety is not commercially available. If using non-organic seeds, please complete and submit an Organic Seed Non-Availability Affidavit. Synthetic seed treatments are prohibited unless included on the National List. Genetically engineered / modified (GMO) seeds and inoculants are prohibited in organic production. The NOP Rule uses the phrase "excluded methods" to refer to GMO products. Please save all seed and inoculant labels, and documentation of commercial unavailability of organic seeds for verification by the inspector.**

List all seeds used or planned for use in the current season, including seeds planted previously, on proposed organic fields. Also list all seed treatments used, including legume inoculants. If non-organic seed is listed, indicate if it is documented on an Organic Seed Non-Availability Affidavit (OSNAA). ☐ No seeds used- **go to section**

☐ All seeds are organic

☐ No treated seeds used

☐ No GMO seeds purchased / planted

ATTACH ADDITIONAL SHEETS IF NEEDED.

SEED/VARIETY/BRAND	ORGANIC (✓)	UNTREATED (✓)	TREATED (✓)	GMO (✓)	TYPE / BRAND OF TREATMENT		DOCUMENTED ON OSNAA (✓) ?
					FUNGICIDE	INOCULANT	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

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### SECTION 4: Source of Seedlings and Perennial Stock

NOP Rule 205.204

**Annual seedlings must be produced according to organic standards. Non-organic perennial plants (planting stock) must be managed organically for at least one year prior to harvest of crop or sale of the plant as certified organic planting stock. Organic seedlings and planting stock must be used if commercially available. Contact the Montana Department of Agriculture Organic Certification Program if you need to use non-organic seedlings because of an emergency. A prohibited treatment may be used if such treatment is a Federal or State phytosanitary requirement.**

**A. DO YOU PURCHASE ORGANIC SEEDLINGS?** ☐ yes ☐ no ☐ Not applicable (no seedlings purchased)- **go to section 4B**

Who are your seedling suppliers?

If the seedling supplier(s) are certified, list their certification agency:

**Do you purchase non-organic seedlings?** ☐ yes ☐ no

If yes, state why and describe your attempts to purchase organic seedlings.

**B. IF YOU GROW ORGANIC SEEDLINGS ON-FARM:**

☐ Not applicable (no seedlings grown)- **go to section 4C**

What type and size is your greenhouse?

Do you raise potted plants or plant crops directly in the ground in the greenhouse?

If treated wood is used in any part of your greenhouse, where is it used (what part of the structure)?

List all soil mix ingredients, fertility products, foliar sprays, pest and disease inputs used or planned for use in your **organic** greenhouse operation. Attach labels and have labels available for inspection. ATTACH ADDITIONAL SHEETS IF NEEDED.

PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

What equipment do you use in your watering system?

How do you prevent seedling diseases and/or insect problems?

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### SECTION 4: Source of Seedlings and Perennial Stock, *continued*

**C. IF YOU GROW BOTH ORGANIC AND NON-ORGANIC PLANTS IN YOUR GREENHOUSE:** ☐ Not applicable (no greenhouse)-  
**go to section 4D**

*List crops grown both organically and non-organically (parallel production) in the greenhouse. Indicate if separate varieties are used.*  
ATTACH ADDITIONAL SHEETS IF NEEDED.

CROP	ORGANIC VARIETIES	NON-ORGANIC VARIETIES

How do you separate and identify organic and non-organic growing areas in the greenhouse?

How do you label organic and non-organic seedlings and plants?

*List all soil mix ingredients, fertility products, foliar sprays, water system additives, pest and disease inputs used or planned for use in your **non-organic** greenhouse operation. Attach labels and have labels available for inspection.*

ATTACH ADDITIONAL SHEETS IF NEEDED.

PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

How do you prevent commingling of organic and non-organic soil mixes during mixing and storage?

Where do you store inputs used for non-organic production?

How do you prevent drift of prohibited materials through ventilation and/or watering systems?

How do you clean seedling containers and equipment?

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### SECTION 4: Source of Seedlings and Perennial Stock, *continued*

#### D. PLANTING STOCK:

☐ Not applicable (no planting stock used)- **go to section 5**

*If non-organic planting stock is listed, indicate if it is documented on an Organic Seed Non-Availability Affidavit (OSNAA).*

ATTACH ADDITIONAL SHEETS IF NEEDED

PLANT TYPE	PLANTING STOCK SOURCE	ORGANIC (✓)	NON-ORGANIC (✓)	DATE PLANTED	EXPECTED HARVEST DATE	DOCUMENTED ON OSNAA (✓)?
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

### SECTION 5: Soil and Crop Fertility Management

NOP Rule 205.203 and 205.205

**The NOP Rule requires active management to build soil fertility, manage plant nutrients, protect natural resources, and prevent soil erosion. A diversified crop rotation is required. All fertility inputs must be approved. A "restricted" input refers to an approved material on the National List that has a specific annotation for its use (see NOP Rule 205.601(j)(1-8), (k) and 205.602(g) and (h). If you use a "restricted" material, you must provide evidence of how you address the annotation. Under NOP Rule 205.201(a)(3), the operator must monitor fertility practices and procedures to verify that the organic plan is effectively implemented. Plant and animals materials (manure, compost, and uncomposted plant materials) must be managed so that they do not contribute to contamination of crops, soil, and water by plant nutrients, pathogenic organisms, heavy metals, or residues of prohibited substances.**

#### A. GENERAL INFORMATION

What are your soil types?

What are your soil / nutrient deficiencies?

☐ No deficiencies

#### How do you monitor the effectiveness of your fertility management program?

- ☐ soil testing    ☐ microbiological testing    ☐ tissue testing    ☐ observation of soil    ☐ observation of crop health  
☐ comparison of crop yields    ☐ crop quality testing    other (specify)

*Have copies of test results available for inspection.*

**How often do you conduct fertility monitoring?**    ☐ weekly    ☐ monthly    ☐ annually    ☐ as needed    ☐ other (specify)

**Rate the effectiveness of your fertility management program:**    ☐ excellent    ☐ satisfactory    ☐ needs improvement

What changes do you anticipate in your fertility management program?

#### What are the major components of your soil and crop fertility plan?

- ☐ crop rotation    ☐ green manures    ☐ cover crops    ☐ inter-planting    ☐ incorporation of crop residues  
☐ sub-soiling    ☐ compost    ☐ on-farm manure    ☐ off-farm manure    ☐ soil amendments  
☐ side dressing    ☐ foliar fertilizers    ☐ biodynamic preparations    ☐ soil inoculants  
☐ other (specify):

List all green manure and / or cover crops used:

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### SECTION 5: Soil and Crop Fertility Management, *continued*

**Do you burn crop residues?** ☐ yes ☐ no *If yes, please describe what materials are burned and why.*

**Do you apply sewage sludge to fields?** ☐ yes ☐ no *If yes, list fields where applied.*

*List all fertility inputs used or intended for use in the current season on proposed organic fields. All inputs used during the current year and previous three years must also be listed on your Field Histories.*

ATTACH ADDITIONAL SHEETS IF NEEDED

☐ Not applicable (no fertility inputs used)- **go to section 5B**

PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	NUMBER OF APPLICATIONS PER YEAR	REASON FOR USE OF PRODUCT

If you use or plan to use restricted (R) fertility inputs, how do you comply with the "annotation?" ☐ Not applicable (no restricted fertility inputs used)

If you use fertilizers with high salt content (sodium nitrate, potassium sulfate, etc.), how do you prevent salt buildup? ☐ Not applicable (no high-salt fertilizers used)

**B. COMPOST USE.** NOP RULE 205.203(c)(2) *requires that the composting process must include an initial C:N ratio of between 25:1 and 40:1 and maintenance of temperatures between 131° and 170°F for a specific number of days, depending on the method of composting. Keep a compost production record (or obtain a record from the compost supplier) to verify compliance.* ☐ Not applicable (no compost used) **–go to section 5C.**

List all compost ingredients and additives.

**What composting method do you use?** ☐ in-vessel ☐ static aerated pile ☐ windrows ☐ other (specify)

What is the initial C:N ratio of your compost?

**Do you monitor temperature?** ☐ yes ☐ no

If yes, what temperature is maintained?

How long is this temperature maintained?

If compost is windrowed, how many times are materials turned?

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### SECTION 5: Soil and Crop Fertility Management, *continued*

**C. MANURE USE.** NOP RULE 205.203(c)(1) *requires that raw manure must be fully composted unless applied to fields with crops not for human consumption or incorporated into the soil 120 days prior to harvest for crops whose edible portion has direct contact with the soil, or 90 days prior to harvest for all other crops for human consumption.*

What forms of manure do you use?

☐ no manure used- **go to section 5D**

☐ liquid    ☐ semi-solid    ☐ piled    ☐ fully composted    ☐ pelleted    ☐ other (specify)

What type of crops do you grow on soils to which manure is applied (check all that apply)?

☐ crops not used for human consumption

☐ crops for human consumption whose edible portion has direct contact with the soil

☐ crops for human consumption whose edible portion does not have direct contact with the soil

*If you grow crops for human consumption and use un-composted manure, complete the following table. Include manure deposited by grazing livestock. If composting manure, please fill out Section 5B above.*

**ATTACH ADDITIONAL SHEETS IF NEEDED.**

CROP(S)	FIELD NUMBERS	DATE MANURE IS APPLIED	EXPECTED DATE OF HARVEST

What is the source of the manure you use?

☐ on-farm

☐ off-farm

☐ both

List all sources of off-farm manure.

List all manure ingredients/additives (what the manure consists of).

If you use off-farm sources of manure, what are the potential contaminants (pit additives, feed additives, heavy metals, etc.) from these sources?

*Attach residue analysis / additive specifications of off-farm manure if available.*

**D. NATURAL RESOURCES.** NOP Rule 205.200 AND 205.203(a) *requires that production practices must maintain or improve the natural resources of the operation, including soil and water quality. Practices must minimize erosion. Water tests are required for nitrate and coliform bacteria if water is used for washing / processing organic products. Irrigation water should not contaminate organic crops with prohibited materials. Methods to conserve water usage should be part of the irrigation plan. Attach water test results if applicable.*

What conservation practices are used?

☐ terraces    ☐ contour farming    ☐ strip cropping    ☐ under sowing / inter-planting    ☐ winter cover crops

☐ conservation tillage    ☐ permanent waterways    ☐ field windbreaks    ☐ firebreaks    ☐ tree line(s)

☐ retention ponds    ☐ riparian management    ☐ maintain wildlife habitat    ☐ maintain crop residue

☐ reduce fallow    ☐ green manure / cover crops    ☐ other (specify)

What soil erosion problems do you experience (why and on which fields)?



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### Section 5D. Natural Resources, *continued*

Describe your efforts to minimize soil erosion problems listed above.

Describe how you monitor the effectiveness of your soil conservation program.

**How often do you conduct conservation monitoring?** ☐ weekly ☐ monthly ☐ annually ☐ as needed ☐ other (specify)

#### **WATER USE:**

☐ none- **go to section 6**

☐ irrigation ☐ livestock ☐ foliar sprays ☐ washing crops ☐ greenhouse ☐ other (specify)

#### **Source of water:**

☐ on-site well(s) ☐ river / creek / pond ☐ spring ☐ municipal / county ☐ irrigation district ☐ other (specify)

Name of municipal / irrigation district.

*Have current water tests for coliform bacteria and nitrates available for inspection.*

**Type of irrigation system:** ☐ none (go to next section, below) ☐ drip ☐ flood ☐ overhead sprinkler  
☐ other (specify)

What input products are applied through the irrigation system? ☐ none

What products do you use to clean irrigation lines / nozzles? ☐ none

**Is the system shared with another operator?** ☐ Yes ☐ No  
 If yes, what inputs and / or cleaning products do they use?

**Is the system flushed between non-organic and organic use?** ☐ Yes ☐ No ☐ Not applicable (no non-organic use)  
 How is the flush documented?

#### **What practices are used to protect water quality?**

☐ fencing livestock from waterways ☐ scheduled use of water to conserve its use ☐ tensiometer / monitoring  
☐ laser leveling / land forming ☐ drip irrigation ☐ micro-spray ☐ other (specify)

List known contaminants in water supplies in your area. *Attach residue analysis and / or salinity test results if available.*

What water contamination problems do you experience (why and where)?

Describe your efforts to minimize the water contamination problems listed above.

Describe how you monitor the effectiveness of your water quality program.

#### **How often do you conduct water quality monitoring?**

☐ weekly ☐ monthly ☐ annually ☐ as needed ☐ other (specify):

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### SECTION 6: Crop Management

NOP Rule 205.205, 205.206

*The NOP Rule requires a crop rotation plan that maximizes soil organic matter content, prevents weed, pest and disease problems, and manages deficient or excess plant nutrients. Your crop rotation may include sod, cover crops, green manure crops and catch crops. Producers must utilize sanitation measures to remove disease vectors, weed seeds and habitat for pests. Cultural practices, including selection of plant species and varieties adapted to site-specific conditions, must be used to enhance crop health.*

*Approved synthetic materials on the National List 205.601 may only be used when management practices are insufficient to prevent or control problems. All weed, pest and disease inputs must be approved. A "restricted" input has specific annotations for its use. If you use a "restricted" material, you must provide evidence of how you address the annotation.*

#### A. CROP ROTATION PLANS (use one line for each rotation used):

ATTACH ADDITIONAL SHEETS IF NEEDED.

CROP ROTATION PLAN (LIST CROP SEQUENCE; INCLUDE GREEN MANURE AND COVER CROPS)	FIELD NUMBERS WHERE PLAN IS FOLLOWED	ANTICIPATED CHANGES

#### B. WEED MANAGEMENT PLAN:

What are your problem weeds?

☐ No weed problems

#### What weed control methods do you use?

- ☐ crop rotation    ☐ tillage    ☐ prevention of weed seed set    ☐ delayed seeding    ☐ monitoring soil temperature  
☐ soil sterilization    ☐ use of fast emerging varieties    ☐ mechanical cultivation    ☐ use of hand tools    ☐ hand weeding  
☐ mowing    ☐ livestock grazing    ☐ flame weeding    ☐ steam weeding    ☐ electrical    ☐ smother crops  
☐ black fallow    ☐ non-synthetic mulch    ☐ synthetic mulch    ☐ corn gluten    ☐ soap-based herbicides  
☐ cover crops    ☐ green manure crops    ☐ other (specify)

Do you keep a record of how often you utilize these weed control methods, i.e., dates and fields when you cultivate or flame weed a specific field? ☐ yes ☐ no

If you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season?

☐ yes ☐ no If no, why not?

If you use corn gluten, is the corn genetically modified? ☐ yes ☐ no If no, what verification do you have?

If you use newspaper or other recycled paper for mulch, do you use paper with glossy or colored inks? ☐ yes ☐ no

Rate the effectiveness of your weed management program: ☐ excellent ☐ satisfactory ☐ needs improvement

What changes do you anticipate?

#### How do you monitor the effectiveness of your weed management program?

- ☐ weed counts    ☐ observation of weed types    ☐ observation of crop health    ☐ comparison of crop yields  
☐ records of observations / counts    ☐ other (specify):

How often do you conduct weed monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed ☐ other (specify):

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### Section 6B. Weed Management Plan, *continued*

List all weed control products used or intended for use in the current season on proposed organic fields / crops. All weed control inputs used during the current year and in the previous three years must also be listed on your Field Histories.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (No weed control products used)- **go to section 6C**

WEED PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

### C. FIELD PEST MANAGEMENT PLAN:

☐ No pest problems

**What are your problem pests?** ☐ insects (list)

☐ rodents ☐ gophers ☐ birds ☐ other animals (specify)

**Do you work with a pest control advisor?** ☐ yes ☐ no If yes, give name and contact information.

**What strategies do you use to control pest damage to field crops?**

☐ None

- ☐ crop rotation ☐ selection of plant species/varieties ☐ development of habitat for natural enemies ☐ timing of planting  
☐ companion planting ☐ frog ponds ☐ bat houses ☐ bird houses ☐ hand picking ☐ monitoring ☐ trap crops  
☐ physical barriers ☐ physical removal ☐ traps ☐ lures ☐ IPM ☐ insect repellents ☐ animal repellents  
☐ release of predators/parasites of pest species ☐ use of approved products ☐ use of restricted products  
☐ limited use of prohibited products ☐ other (specify)

**Do you keep a record of how often you utilize these pest control methods, i.e., dates when you scout or apply inputs to a specific field or crop?** ☐ yes ☐ no

**Rate the effectiveness of your pest management program:** ☐ excellent ☐ satisfactory ☐ needs improvement  
What changes do you anticipate?

**How do you monitor the effectiveness of your pest management program?**

- ☐ insect monitoring with traps ☐ observation of crop health ☐ comparison of crop yields ☐ crop quality testing  
☐ monitoring records kept ☐ other (specify)

*Have copies of your test results available for inspection.*

**How often do you conduct pest monitoring?** ☐ weekly ☐ monthly ☐ annually ☐ as needed ☐ other (specify):

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### Section 6C. Field Pest Management Plan, *continued*

List all pest control products used or intended for use in the current season on proposed organic fields / crops. All pest control inputs used during the current year and in the previous three years must also be listed on your Field Histories.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (No pest control products used)- **go to section 6D**

PEST PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

### D. DISEASE MANAGEMENT PLAN:

☐ No disease problems

What are your problem crop diseases?

What disease prevention strategies do you use?

☐ None

- ☐ crop rotation   ☐ field sanitation   ☐ selection of plant species/varieties   ☐ timing of planting/cultivating  
☐ plant spacing   ☐ vector management   ☐ soil balancing   ☐ solarization   ☐ companion planting   ☐ compost/tea use  
☐ use of approved materials   ☐ use of restricted materials   ☐ limited use of prohibited materials  
☐ other (specify)

Rate the effectiveness of your disease management program:   ☐ excellent   ☐ satisfactory   ☐ needs improvement

What changes do you anticipate?

How do you monitor the effectiveness of your disease management program?

- ☐ soil testing   ☐ microbiological testing   ☐ tissue testing   ☐ observation of soil   ☐ observation of crop health  
☐ comparison of crop yields   ☐ crop quality testing   ☐ monitoring records kept   ☐ other (specify)

Have copies of any test results available for inspection.

How often do you conduct disease monitoring?   ☐ weekly   ☐ monthly   ☐ annually   ☐ as needed   ☐ other (specify)

List all disease management inputs used or intended for use on proposed organic fields / crops. All disease control inputs used during the current year and in the previous three years must also be listed on your Field Histories.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (No disease management inputs used)- **go to section 7**

DISEASE PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

# Montana Department of Agriculture – Organic Certification Program

## Organic Production System Plan

Year: \_\_\_\_\_

### SECTION 7: Maintenance of Organic Integrity

NOP RULE 205.201(a)(5) and 205.202(c)

#### A. ADJOINING LAND USE:

*The NOP RULE requires that organic production areas have distinct boundaries and buffer zones to prevent the unintended application of a prohibited substance or contact with a prohibited substance that is applied to adjoining land not under organic management. Adjoining land includes cropland, pastures, residential property, fallow land, etc. Buffer areas may change annually, depending on contamination potential from adjoining land uses. While there is no minimum buffer size requirement, the NOP Rule requires that the buffer must be sufficient in size or other features (windbreaks, diversion ditches) to prevent the unintended contact by prohibited substances applied to adjacent land areas. Crops within the required buffer must be left unharvested or harvested, stored, and disposed of as non-organic crop, with records kept to document crop disposition. Indicate buffer zones and show all adjoining land uses on your field maps.*

**What safeguards do you use to prevent accidental contamination of organic crops?**

☐ None

Written notification to: ☐ highway departments ☐ electric companies ☐ aerial spray companies/airports  
☐ farm service (FSA) office ☐ adjoining landowners ☐ drainage commissions ☐ other (specify):

**Have you posted signs along roadsides that adjoin organic fields?** ☐ yes ☐ no

**Do any fields or portions of fields flood or receive run-off frequently (more than once every ten years)?** ☐ yes ☐ no

If yes, list field numbers:

**How do you monitor for crop contamination?**

☐ visual observation ☐ residue analysis ☐ GMO testing ☐ photographs ☐ wind direction/speed data ☐ other (specify)

**How often do you conduct crop contamination monitoring?**

☐ weekly ☐ monthly ☐ annually ☐ as needed ☐ other (specify)

*List specific buffer areas around your fields:*

*(Buffers and adjoining land uses must also be shown on field maps.)*

☐ No buffers used- **go to section 7B**

ATTACH ADDITIONAL SHEETS IF NEEDED.

LOCATION / FIELD NUMBERS	TYPE OF BUFFER (CROP LAND, TREELINE, HEDGEROW, WILDLIFE PLANTING, GRASS STRIP)	WIDTH OF BUFFER	ADJOINING LAND USE	IF CROP IS HARVESTED FROM BUFFER, DESCRIBE USE (SALE, NON-ORGANIC LIVESTOCK FEED, SEED, ETC.)

**If crops are harvested from the buffer zones with the same equipment used for harvesting organic crops, what safeguards do you use to protect organic crops from contact with buffer crops?**

#### B. PARALLEL PRODUCTION:

**Do you grow the same crops organically and non-organically (including transition crops)?** ☐ yes ☐ no

*If yes, complete the tables on the following pages.*

*If no, proceed to section 7C.*

# Montana Department of Agriculture – Organic Certification Program

## Organic Production System Plan

Year: \_\_\_\_\_

### Section 7B. Parallel production, *continued*

If you grow any non-organic crops (including transitional), please complete the following tables.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (all crops are organic)- **go to section 7C**

SPECIFIC NON-ORGANIC CROPS / VARIETIES	CHECK IF GMO (✓)	FIELD NUMBERS	TOTAL ACREAGE	ORGANIC VARIETY OF SAME CROP	PLANNED USE OF CROP (SALE, SEED, NON-ORGANIC LIVESTOCK FEED, ETC.)	FIELD IS BEING CONVERTED TO ORGANIC (✓)
	<input type="checkbox"/>					<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>

List all fertilizers and soil amendments used on **non-organic** crops:

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (no fertilizers or soil amendments used)- **go to next table**

PRODUCT NAME	WHO APPLIES? SELF OR CUSTOM	FIELD NUMBERS WHERE APPLIED	WHERE STORED? (ON-FARM OR OFF-FARM; WHERE IF ON-FARM?)

List all herbicides / pesticides used on **non-organic** crops:

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (no herbicides or pesticides used)- **go to next table**

PRODUCT NAME	WHO APPLIES? SELF OR CUSTOM	FIELD NUMBERS WHERE APPLIED	WHERE IS PRODUCT STORED? (ON-FARM OR OFF-FARM; WHERE ON FARM?)

# Montana Department of Agriculture – Organic Certification Program

## Organic Production System Plan

Year: \_\_\_\_\_

### SECTION 7: Maintenance of Organic Integrity, *continued*

**C. EQUIPMENT:** *To prevent commingling and contamination, all equipment used in organic crop production must be free of non-organic crops (residues) and prohibited materials. Equipment used for both organic and non-organic farming must be cleaned and flushed prior to use on organic fields or crops. Keep records of equipment cleaning and flush activities.*

List all equipment used for planting, tillage, cultivation, spraying, and harvesting organic crops.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (no equipment used)- **go to section 7D**

EQUIPMENT NAME / TYPE	OWNED (O), RENTED (R), CUSTOM(C)	CHECK (✓) IF USED ON BOTH ORGANIC & NON-ORGANIC	HOW IS EQUIPMENT CLEANED BEFORE USE ON ORGANIC FIELDS?
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

**Is your equipment maintained to minimize fuel, oil and hydraulic fluid leaks?**

☐ yes ☐ no

☐ Not applicable (equipment does not use fluids)

**If you use a sprayer (on organic crops or fields):**

☐ Not applicable (do not use a sprayer)

What type?

Did you purchase it ☐ new or ☐ used (check one)?

**Other equipment: Could any equipment you use have been contaminated by previous uses?** ☐ yes ☐ no

If yes, describe:

**D. HARVEST:** *NOP Rule 205.272(b)(1) and (2) require that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.*

**How are your organic crops harvested?** ☐ mechanical ☐ by hand

**Are any organic crops custom harvested?** ☐ yes ☐ no If yes, provide name and address of custom harvester:

Describe steps taken to protect organic crops from commingling and contamination during harvest:

**What containers are used for harvesting?**

☐ gravity wagons / boxes ☐ truck boxes ☐ cardboard / waxed boxes ☐ wooden totes ☐ plastic containers  
☐ other (specify)

**Are containers new or used?** ☐ new ☐ used If used, what did they contain prior to organic use?

**Are the containers used for organic crops only?** ☐ yes ☐ no

Describe potential contamination or commingling problems you have with harvest of organic crops. ☐ None

# Montana Department of Agriculture – Organic Certification Program

## Organic Production System Plan

Year: \_\_\_\_\_

### SECTION 7: Maintenance of Organic Integrity, *continued*

#### E. POST-HARVEST HANDLING:

☐ Not applicable (No post-harvest handling)- **go to section 7F**

**NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-organic crops, residues or prohibited materials.**

*For on-farm processing, you may need to complete an Organic Handling System Plan and pay additional fees for its review. Please contact the Montana Department of Agriculture Organic Certification Program for additional forms or if you have any questions.*

**Describe your post-harvest handling procedures and equipment:**

**Is the processing area and / or equipment used for both organic and non-organic crops / products?**

☐ yes ☐ no

If yes, describe steps taken to prevent commingling and contamination.

**Does packaging present any contamination problems for your organic products?**

☐ yes ☐ no

If yes, what are they?

**Check types of packaging materials used:** ☐ bulk (no packaging materials) ☐ paper ☐ cardboard ☐ wood ☐ glass

☐ metal ☐ foil ☐ plastic ☐ waxed paper ☐ aseptic ☐ natural fiber ☐ synthetic fiber ☐ other (specify)

**In what form are finished products shipped?** ☐ dry bulk ☐ liquid bulk ☐ tote bags ☐ tote boxes ☐ paper bags

☐ foil bags ☐ metal drums ☐ mesh bags ☐ cardboard drums ☐ cardboard cases ☐ plastic crates ☐ other (specify)

#### F. CROP STORAGE: **Operators must keep organic and non-organic crops in separate storage areas and prevent commingling and contamination. Storage records must be maintained.**

☐ No organic crop storage- **go to section 7G**

*Describe your storage locations:*

ATTACH ADDITIONAL SHEETS IF NEEDED.

STORAGE ID#	TYPE OF CROPS STORED	TYPE OF STORAGE	AERATION (✓)	CAPACITY	ORGANIC (O) OR NON-ORGANIC (N)
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		



**Montana Department of Agriculture – Organic Certification Program**  
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**Section 7F. Crop storage, *continued***

**Do you use the same storage areas for organic and non-organic (including buffer and transitional) crops?** ☐ yes ☐ no  
If yes, how do you segregate organic crops from non-organic crops in storage?

How do you clean storage units prior to storage of organic crops?

How do you prevent / control insect pests in crop storage areas? ☐ No insect problems

How do you control rodents in crop storage areas? ☐ No rodent problems

**What stored-crop inputs have you used in the last three years?** ☐ None

☐ synthetic fumigants ☐ rodenticides ☐ sprouting inhibitors ☐ ripeners ☐ growth regulators ☐ preservatives  
☐ oils ☐ coloring agents ☐ waxes ☐ Diatomaceous Earth (DE)  
☐ other (specify)

**Are any stored-crop inputs used or planned for use on organic crops or in organic storage areas this year?** ☐ yes ☐ no  
If yes, list inputs and retain labels.

**G. TRANSPORTATION:** ☐ Not applicable (crops are not transported)- **go to section 8**

**Who is responsible for arranging transportation of organic products:** ☐ self ☐ buyer ☐ other (specify)

Describe how organic products are transported (from field / harvest to sale).

What potential contamination or commingling problems do you have with the transport of organic crops? ☐ None

**What steps are taken to protect the integrity of organic products during transport?**

☐ dedicated organic only ☐ inspecting transport units prior to loading ☐ cleaning transport units prior to loading  
☐ use of Clean Truck Affidavits ☐ letter / contract with transport company stating organic requirements  
☐ other (specify)

How are methods of protecting organic product integrity during transport documented?

*Have this documentation available for inspection.*

# Montana Department of Agriculture – Organic Certification Program

## Organic Production System Plan

Year: \_\_\_\_\_

### SECTION 8: Record Keeping System

NOP Rule 205.103

***The NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. Organic products must be tracked back to the field / location where they were produced / harvested. All records must be accessible to the inspector.***

**Which of the following records do you keep for organic production?**

- ☐ field maps
- ☐ field activity log(s)
- ☐ machine log(s)
- ☐ field histories (crops grown and dates and rates of all inputs applied)
- ☐ planting records (dates and seeding rates)
- ☐ documentation of previous land use for rented and/or newly purchased land (PLMA's)
- ☐ input records for soil amendments, seeds, manure, foliar sprays and pest control products (keep all labels)
- ☐ documentation of attempts to source organic seeds and/or planting stock
- ☐ documentation of organic seedlings
- ☐ residue analyses of inputs (i.e., manure sourced off-farm)
- ☐ compost production records
- ☐ monitoring records (soil tests, tissue tests, water tests, quality tests, observational)
- ☐ equipment cleaning records
- ☐ harvest records that show field numbers, date of harvest and harvest amounts (including custom harvest records)
- ☐ labor records
- ☐ storage records that show storage location, storage identification, field numbers, amounts stored, and cleaning activities
- ☐ clean transport records
- ☐ sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.)
- ☐ shipping records (scale ticket, dump station ticket, bill of lading)
- ☐ Transaction Certificates
- ☐ audit control summary
- ☐ complaints to organic operators
- ☐ other (please specify) \_\_\_\_\_

**How long do you keep your records?**

*Please have these records available for the inspector.*

**Which of the following records do you keep for non-organic production?**

☐ Not applicable (no non-organic production)

- |  |   |
|--|---|
| <input type="checkbox"/> field maps              | <input type="checkbox"/> labor records    |
| <input type="checkbox"/> field history sheets    | <input type="checkbox"/> storage records  |
| <input type="checkbox"/> input records           | <input type="checkbox"/> sales records    |
| <input type="checkbox"/> harvest records         | <input type="checkbox"/> shipping records |
| <input type="checkbox"/> complaints to operators | <input type="checkbox"/> other (specify)  |

**Type of marketing (how do you sell your products):**

- ☐ farmers market  
 ☐ direct to retail  
 ☐ contract to buyer  
 ☐ CSA/subscription service  
 ☐ wholesale  
 ☐ on-farm retail  
☐ bulk commodities to processor  
☐ other (specify)

**Do you use or plan to use the USDA organic seal on product labels or market information?**   ☐ yes   ☐ no

**Do you use or plan to use the Montana Department of Agriculture Organic Certification Program Seal?**   ☐ yes   ☐ no

**Do you use or plan to use any other seals or labels on organic products?**   ☐ yes   ☐ no

*If yes, describe seals/labels, on what products they are used and under what circumstances they are used.*

**Attach copies of all organic product labels.**

**Montana Department of Agriculture – Organic Certification Program**  
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**SECTION 9: Affirmation**

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the 36-month period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and / or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this form in no way implies granting of certification by the Montana Department of Agriculture Organic Certification Program. I agree to follow the NOP Rule and all other program rules as provided with the application.

**Signature of Applicant** \_\_\_\_\_ **Date of submission** \_\_\_\_\_

**Verification of Changes to the Organic Production System Plan:**

*If you have made any changes to this Organic Production System Plan after submission to the Montana Department of Agriculture (including changes entered by MDA staff at your direction and those made during your inspection), **please sign and date below** to verify that you agree to the changes, that you agree to follow the Organic Production System Plan as amended and that you agree to notify the Montana Department of Agriculture of any further changes to the plan. **PLEASE DO NOT SIGN BELOW UNLESS YOU ARE MAKING CHANGES TO THE FORM AFTER INITIAL SUBMISSION.***

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**I have attached the following documents:**

- ☐ Notice(s) of non-compliance or denial of certification from other certifying agencies.
- ☐ Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions.
- ☐ Montana Department of Agriculture Organic Certification Program Application form
- ☐ Organic Livestock Addendum form
- ☐ International Certification Supplement form(s) (Specify agency / regulation):
- ☐ Maps of all parcels / fields (showing adjoining land use, buffers and field identification)
- ☐ Field history form(s) (showing at least three years of information)
- ☐ Documentation for fields owned or rented for less than three years (PLMA's), if applicable
- ☐ Water tests, if applicable
- ☐ Soil and/or plant tissue tests, if applicable
- ☐ Residue analyses, if applicable
- ☐ Input product labels, if applicable
- ☐ Organic product labels, if applicable
- ☐ Other (specify):
  - ☐
  - ☐
  - ☐
  - ☐
  - ☐

☐ I have made copies of this form and other supporting documents for my own records.

***Submit completed form, fees and supporting documents to:***

Montana Department of Agriculture  
Organic Certification Program  
P.O. Box 200201  
Helena, MT 59620-0201